

EXHIBIT E

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012225066

CERTIFICATE OF DEATH

3201219050694

| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
|--|--|---|--|
| 1 NAME OF DECEASED - FIRST (Given) | | 2 MIDDLE | |
| ERIKA | | NAOEMI | |
| 3 LAST (Family) | | KLEIN | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4 DATE OF BIRTH mm/dd/yyyy | |
| | | 09/01/1947 | |
| 5 AGE Yrs. | | 6 UNDER ONE YEAR | |
| 65 | | Months Days Hours Minutes | |
| 7 DATE OF DEATH mm/dd/yyyy | | 8 HOUR (24 Hour) | |
| 12/12/2012 | | 2115 | |
| 9 BIRTH STATE/FOREIGN COUNTRY | | 10 SOCIAL SECURITY NUMBER | |
| GERMANY | | -0472 | |
| 11. EVER IN U.S. ARMED FORCES? | | 12. MARITAL STATUS/SROP* (at time of death) | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | MARRIED | |
| 13. EDUCATION - Highest level/degree | | 14. WAS DECEASED HISPANIC/LATINO/SPANISH? If yes, see remarks on back | |
| BACHELOR | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) | | 16. CAUCASIAN | |
| 17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | |
| HOMEMAKER | | OWN HOME | |
| 19. YEARS IN OCCUPATION | | 42 | |
| 20. DECEASED'S RESIDENCE (Street and number, or location) | | 21. CITY | |
| 322 N. JUNE ST. | | LOS ANGELES | |
| 22. COUNTY/PROVINCE | | 23. ZIP CODE | |
| LOS ANGELES | | 90004 | |
| 24. YEARS IN COUNTY | | 25. STATE/FOREIGN COUNTRY | |
| 42 | | CA | |
| 26. INFORMANT'S NAME, RELATIONSHIP | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) | |
| LESLIE KLEIN, HUSBAND | | 322 N. JUNE ST., LOS ANGELES, CA 90004 | |
| 28. NAME OF SURVIVING SPOUSE/SROP - FIRST | | 29. MIDDLE | |
| LESLIE | | KLEIN | |
| 30. LAST (BIRTH NAME) | | 31. NAME OF FATHER/PARENT - FIRST | |
| KLEIN | | KOLEV | |
| 32. MIDDLE | | 33. LAST | |
| | | GESTETNER | |
| 34. BIRTH STATE | | 35. NAME OF MOTHER/PARENT - FIRST | |
| HUNGARY | | TERESA | |
| 36. MIDDLE | | 37. LAST (BIRTH NAME) | |
| | | SOLOMON | |
| 38. BIRTH STATE | | HUNGARY | |
| 39. DISPOSITION DATE mm/dd/yyyy | | 40. PLACE OF FINAL DISPOSITION | |
| 12/13/2012 | | HAR-HAMENUCHOS CEMETERY | |
| 41. TYPE OF DISPOSITION(S) | | 42. SIGNATURE OF EMBALMER | |
| TR/BU | | NOT EMBALMED | |
| 43. LICENSE NUMBER | | 44. NAME OF FUNERAL ESTABLISHMENT | |
| | | CHEVRA KADISHA MORTUARY | |
| 45. LICENSE NUMBER | | 46. SIGNATURE OF LOCAL REGISTRAR | |
| FD1326 | | JONATHAN FIELDING, MD | |
| 47. DATE mm/dd/yyyy | | 12/13/2012 | |
| 101. PLACE OF DEATH | | 102. IF OTHER THAN HOSPITAL, SPECIFY ONE | |
| CEDARS-SINAI MEDICAL CENTER | | <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 103. COUNTY | | 104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | |
| LOS ANGELES | | 8700 BEVERLY BLVD | |
| 105. CITY | | 106. DEATH REPORTED TO CORONER? | |
| WEST HOLLYWOOD | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 107. CAUSE OF DEATH | | 108. TIME INTERVAL BETWEEN ONSET AND DEATH | |
| (A) CARDIOPULMONARY ARREST | | 5 MINS. | |
| (B) METASTATIC COLON CANCER | | 6 MTHS. | |
| (C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | 109. BIOPSY PERFORMED? | |
| | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | | 110. AUTOPSY PERFORMED? | |
| | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | | 111. USED BY DETERRING CAUSE? | |
| | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | 113. IF FEMALE, PREGNANT IN LAST YEAR? | |
| NONE | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) | | 115. SIGNATURE AND TITLE OF CERTIFIER | |
| NO | | MICHAEL T DUFFY M.D. | |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 117. LICENSE NUMBER | |
| (A) mm/dd/yyyy (B) mm/dd/yyyy | | G59599 | |
| 09/1/2011 12/12/2012 | | 118. DATE mm/dd/yyyy | |
| 9400 BRIGHTON WAY #300, BEVERLY HILLS, CA 90210 | | 12/12/2012 | |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED | | 120. INJURED AT WORK? | |
| MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 122. INJURY DATE mm/dd/yyyy | |
| | | 123. HOUR (24 hours) | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | |
| 125. LOCATION OF INJURY (Street and number or location, and city, and zip) | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER | | 127. DATE mm/dd/yyyy | |
| | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| | | | |
| STATE REGISTRAR | | FAX AUTH. # | |
| A B C D E | | CENSUS TRACT | |

This is a true certified copy if the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD
DO 20

DATE ISSUED

JAN - 8 2013

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

JUNCO (883) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

